



PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Tfw

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/647,690
		Filing Date	08-25-2003
		First Named Inventor	Thompson
		Art Unit	3275
		Examiner Name	Wood
Total Number of Pages in This Submission	9	Attorney Docket Number	THO600

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>Return Postcard</i>	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ingrid McTaggart		
Signature	<i>Ingrid McTaggart</i>		
Printed name	Ingrid McTaggart		
Date	8-16-2006	Reg. No.	37,180

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Ingrid McTaggart</i>		
Typed or printed name	Ingrid McTaggart	Date	8-16-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kathryn Thompson

Art Unit: 3632

S. N. 10/647,690

Examiner: Wood, Kimberly

Filed: 08/25/2003

Docket: TH0600

For: ARTIST'S EASEL

Hon. Commissioner of Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

August 16, 2006

AMENDMENT

In response to the Office Action dated July 13, 2006,  
please amend the application as follows.

In the Claims:

Please amend claims 7, 9 and 15 as follows. Please  
cancel claims 1, 2, 5, 11-14 and 18-20. The claims are  
shown on the following sheet(s) as specified in 37 CFR  
section 1.121.